

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 11 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003738

1. Corporation Name

EDIX Corporation of Delaware, Inc.

2. Principal Office Address

140 Fountain Parkway

Suite, Apt. #, etc.

Suite 400

City & State

St. Petersburg, FL

Zip

33716

Country

USA

3. Mailing Office Address

40 IDX Drive

Suite, Apt. #, etc.

City & State

Burlington, VT

Zip

05402

Country

USA

300014086543  
03/14/03--01038--014 \*\*1358.75

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/96

5. FEI Number

33 0598815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard E. Tarrant	40 IDX Drive	Burlington, VT 05402
D/VP	John A. Kane	40 IDX Drive	Burlington, VT 05402
D/P	James H. Crook, Jr.	40 IDX Drive	Burlington, VT 05402
S	Julie A. Dale	40 IDX Drive	Burlington, VT 05402
VP	Armando Jackson	4445 Eastgate Mall, Unit 405	San Diego, CA 92121
Assist. T	Tina M. Bissonette	40 IDX Drive	Burlington, VT 05402

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Julie A. Dale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/2003

Date

802-862-1022

Daytime Phone #

CR2E081 (10/02)